Montana Patient-Centered Medical Homes

WHERE HEALTHIER HAPPENS

TIPS FOR EXPLAINING THE MONTANA PCMH PROGRAM TO YOUR PATIENTS

Introduce the PCMH Concept:

Our clinic is becoming a Patient-Centered Medical Home. This uses doctors and other providers *such as* nurses, care coordinators, medical assistants, and behavioral consultants as a team to address your individual health care needs. Together, we will create a care plan, coordinate with other locations, and assist with any other health care needs.

How is this new approach different from before?

Now, you are at the center of a care team and an active participant. We want to know what works best for you. More options are available to address your health care needs.

New Clinic Expectations:

Use examples such as these that are relevant to your clinic.

- *Referrals, imaging, and labs coordinated with other facilities.*
- *Reminders about preventive health screenings such as immunizations for children or pap smears for women.*
- *Reminders for follow-up appointments.*
- *Care coordinator visits to modify your care plan without having to see a doctor.*
- *Enhanced access to care , e.g. through a patient portal, email, or expanded clinic hours.*

Patient Expectations:

- *Be in charge of their health by understanding conditions and what to do to stay healthy.*
- *Join in their care by following their care plan, taking medications, and keeping appointments.*
- *Talk with their care team when they need more information about treatment options, telling providers when they get care from other health professionals, bringing a list of questions and medicines to appointments, and informing the care team of changes in health.*

Please note: This is meant to be a general guide. Not all services may be available. Please modify as necessary for your particular clinic.